

# Application for 2022 Food Permit: Seasonal/Mobile Establishment

All fields must be completed.

<b>Business</b>			
Facility Name:			
Physical Address:			
Street	City	State	Zip
Mailing Address (if different):			
Street	City	State	Zip
Phone Number:		Fax Number:	
Email Address:			
Certified Food Safety Employee(s): <b>ATTACH COPY OF CERTIFICATE</b>			
<b>FOR MOBILE UNITS ONLY: Attach Copy of Location of Commissary/Licensed Facility Permit</b>			
Manager / On-Site Supervisor:			
Business Hours:		Number of Employees:	
Has ownership changed within the last 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Business: <input type="checkbox"/> Permanent* <input type="checkbox"/> Mobile / Temporary			
<small>*This application is for Mobile/Temporary facilities only. Permanent establishments need to obtain the proper application.</small>			
<b>Owner</b>			
Owner Name:		Phone Number:	
Mailing Address:			
Street	City	State	Zip
Phone Number:		Fax Number:	
Email Address:			
Which address should permit be mailed to?		<input type="checkbox"/> Facility <input type="checkbox"/> Owner	

## **Permit Fee Schedule:**

Mobile Unit	<input type="checkbox"/>	\$75
Seasonal	<input type="checkbox"/>	\$75
Mobile/Seasonal Facility only operating after June 30	<input type="checkbox"/>	\$50

Amount of Fee Submitted: \$ \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

For office use: Permit # \_\_\_\_\_